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ABSTRACT

The purpose of this annotated bibliography is to provide the reader with a guide to relevant research in the area of Gestalt therapy, techniques, and methods. The majority of the references are journal articles written within the last 5 years or documents easily obtained through interlibrary loans from local libraries. These references were compiled both through a manual search of 26 different journals from the United States and Canada and through several computer searches of two databases, Psychological Abstracts (PSYC) and Dissertation Abstract International (DAI). The bibliography is designed to provide reading material to those professionals in organization and staff development (OSD) who are pursuing greater knowledge of Gestalt therapy as well as to save time for Gestalt practitioners by providing the abstracts for each article. (Author/PAS)

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An Annotated Bibliography

of the

Gestalt Methods, Techniques and Therapy

Joseph O. Prewitt Díaz

The Pennsylvania State University

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Dr. Prewitt Diaz, a Puerto Rican Educational Psychologist, is currently the Coordinator of Bilingual Education Teacher Training and Puerto Rican Studies at the Division of Curriculum and Instruction, The Pennsylvania State University. He is currently conducting research in the cultural adjustment of return migrant Puerto Ricans and the application of the Gestalt methodology in Organization and Staff Development in school settings in the United States and Puerto Rico.

Introduction

The purpose of this annotated bibliography is to provide the reader with a guide to relevant research in the area of Gestalt therapy, techniques, and methods. The majority of the references are journal articles written within the last five years or documents easily obtained through inter library loan from local libraries. The biolography was compiled both through a manual search of twenty six (26) different journals from the United States and Canada and through several computer searches. Two data banks were tapped: the Psychological Abstracts (PSYC) and the Dissertation Abstract International (DAI).

This annotated bibliography should provide interesting reading material to those professionals in the OSD IV who are pursuing greater knowledge in Gestalt therapy. It is expected that this project will save time for the Gestalt practitioner while at the same time provde an abstract of each article.

This project was initiated as an effort on behalf of the researcher to share with the participants of the OSD IV a facet of "me" that "I" am particularly proud of. As the task progressed it became evident that this annotated bibliography was just the beginning of a larger project. For this, I thank all of the participants and staff of the OSD IV. (Organizational and System Development - Class IV).

1. GESTALT AND THE PROFESSIONAL

1.1 Brody, V. A. A developmental play: A relationship-focused program for children. Child Welfare, 1978, 57(9), 591-599.

Describes a treatment and enrichment program (developmental play) that attempts to stimulate or rebuild the bonding relationship between a parent and an emotionally disturbed child and to enhance the attachment between a parent and a normal child. This is done by (a) using adult volunteers who have the capacity to stimulate the bonding processes; (b) working with the parents to help them respond to the child's new demands for contact from them; and (c) intensive, ongoing on-the-job training and supervision for the volunteers and the staff. Developmental play is a small-group program for 6-8 children, 6-8 adults, and a supervisor or leader for each group. Each adult is assigned to a specific child. One hour weekly sessions are held for 6 months. Advantages of the program are discussed.

1.2 Chen, C. L. Speech-rhythm characteristics of client-centered, Gestalt, and rational-emotive therapy interviews. Journal of Communication Disorders. 1981, 14(4), 311-320.

Examined whether client-centered, Gestalt, and rational-emotive psychotherapy interviews could be described and differentiated on the basis of quantitative measurement of their speech rhythems. These measures were taken from the sound portion of a film showing interviews by C. Rogers, F. Perls, and A. Ellis, proponents of the 3 approaches, respectively. The variables used were total session and percentage of speaking times, speaking turns, vocalizations, interruptions, inside and switching pauses, and speaking rates. The 3 types of interview had distinctive patterns of speech-rhythm variables that suggested that Roger's client-centered therapy interview was patient dominated, Ellis's rational-emotive therapy interview was therapist dominated, and Perl's Gestalt therapy interview was neither therapist nor patient dominated.

1.3 Edwards, D. G. Self-hood: The bright figure of the Gestalt. Journal of Contemporary Psychotherapy, 1977, 9(1), 89-94.

Views the theory of self-hood as one of the key features of Gestalt therapy and examines the techniques used to achieve "self-hood". The phenomenon is described as the interruption of the "creative process short of final contact." When therapy is successful, the individual experiences the interrupting process as his/her own creation. Gestalt therapy avoids focusing on objects-to-be-related to concepts-to-be-thought about, and moves to translate "thinking-about" into "action-to" to illuminate the actor and the way he/she creates or refuses self-hood.

1.4 Greenburg, L. S. Training counsellors in Gestalt methods. Canadian Counsellors, 1980, 14(3), 174-180.

A training program in the use of the Gestalt 2-chair method is presented. This approach is based on 3 components: knowledge component, skill training, and integrating components. The principles of 2-chair work and the micro-counseling skills required for this training are described, and the training approach for their use is discussed. The major themes covered in the training program are outlined, and the major Gestalt concepts of awareness, figure/background, introjection, retroflection, and projection are discussed. Some of the specific exercises used in the training are presented. The importance of training the whole person in both skills and attitudes and awareness is discussed.

1.5 Greenberg, L. S. and H. M. Higgins. Effects of two-chair dialogue and focusing on conflict resolution. Journal of Counseling Psychology, 1980, 27(3), 221-224.

Examined the effect of the Gestalt 2-chair method on conflict resolution by comparing it, in an analog study, with the focusing technique followed by emphatic reflection. SS were 42 graduate students in counseling psychology. Results show that: (a) the 2-chair dialog applied at a split produced significantly more depth of experiencing (experiencing scale) than did focusing plus emphatic reflection, and (b) both treatments produced significantly greater reported shifts in awareness and progress than the no-treatment controls.

1.6 Greenburg, L. S. and L. M. Dompierre. Specific effects of Gestalt two-chair dialogue on intrapsychic conflict in counseling. Journal of Counseling Psychology, 1981, 28(4), 288-294.

Examined the differential effects of the Gestalt 2-chair intervention (GS) and emphatic reflections of feeling on client depth of experiencing, reported change in awareness, level of discomfort, conflict resolution, reported behavior change, and progress. Three Gestalt-oriented and 7 eclectically-oriented counselors and 16 20-46 yr. old clients were used as their own controls, and each of the interventions was applied to each s to help resolve conflicts expressed in counseling sessions. Results show that depth of experiencing shifts in awareness, and reported conflict resolution after the session and in a 1-week follow-up were greater for G2 treatment. Reported behavior change after 1 week and progress over 1 week were also significantly greater for G2. Level of discomfort after the session was not significantly different for the 2 treatments. A good working relationship in helping to resolve intrapsychic conflicts. In addition, it appeared that trained counselors' level of experience with the method did not influence the effectiveness of G2.

1.7 Harper, R., R. Bauer, and J. Kannarkat. Learning theory and Gestalt therapy. American Journal of Psychotherapy, 1976, 30(1), 55-72.

Discusses the theory and operations of Gestalt therapy from the standpoint of learning theory. General comparative issues are elaborated as well as the concepts of introjection, retroflexion, confluence, and projection. Principles and techniques of Gestalt therapy are discussed in terms of learning theory paradigms. Practical implications of the various Gestalt techniques are also considered.

1.8 Jung, H. F. Gestalt therapy in rehabilitation counseling. Psychosocial Rehabilitation Journal, 1978, 2(3), 26-34.

Gestalt therapy is considered in terms of its philosophy, principles, and practices as a potential source of additional interventions for an existent rehabilitation counseling repertoire. The components of the therapy (E. G. personalizing pronouns, avoiding question-making statements, rehearsal, and exaggeration) are translated from theory to practice in a rehabilitation context.

1.9 Key, T. and B. B. Schiff. The application of the principles of Gestalt therapy to the training of university teachers. Ontario Psychologist, 1978, 10(2), 31-39.

Relevant Gestalt principles and techniques were taught to 28 graduate teaching assistants representing a variety of disciplines. The SS received no credit or support for attending the course, but 20 remained throughout the 10 weeks. Written evaluation forms, feedback experiments, and informal comments from individuals led to the conclusion that this approach to teacher training can be successful and efficient.

1.10 Melnick, J. Starting therapy: Assumptions and Expectations. Gestalt Journal, 1978, 1(1), 74-82.

Explores the assumptions and expectations involved in initiating therapy. For clients with focused, critical problems, the therapist simply listens, clarifies, and suggests alternatives. For clients with general, long-term concerns, the therapist begins by dealing with the hopes, expectations, and assumptions of both client and therapist. The therapist assumes that clients want new ways of contacting themselves and others and facilitates this goal by: (a) experiencing his/her own life fully, (b) laying out the parameters of the therapeutic contract, (c) serving as a sometimes inadvertent model, and (d) deliberately modeling humanness (showing flaws, sharing uncertainty, and making mistakes). Reasons for "lousy first dates" (poor initial therapy sessions) include frustration, boredom, disappointment, and embarassment. Summoning these feelings into awareness may unlock the door to contact.

1.11 Nielsen, A. C. Gestalt and psychoanalytic therapies: Structural analysis and rapprochement. American Journal of Psychotherapy, 1980, 34(4), 534-544.

Examines the psychoanalytic concepts of interpretation, resistance, and transference as manifest in Gestalt therapy. Although these concepts are deemphasized, criticized, and disavowed in Gestalt theoretical writings, they are actually fundamental to the underlying or "deep" structure of Gestalt therapy. Examples of Gestalt interventions are described and indications for their use suggested.

1.12 Phillips, M. The application of Gestalt principles in classroom teaching. Group and Organization Studies, 1976, 1(1), 82-98.

Describe principles and techniques derived from Gestalt therapy that are being applied in a variety of educational settings internationally. It is noted that some of these developments have emanated from the confluent education program at the University of California, Santa Barbara, and have focused on a number of broad objectives with respect to teacher personality, teacher skills, and written curriculum. Initial investigations of the results of these applications have observed significant increases in teachers' self-knowledge, sense of personal control, flexibility, and attention to the here and now. Additionally, students in confluent classrooms have shown significant increases in a number of areas, including self-esteem and self-awareness.

2. TECHNIQUES

2.1 Coven, A. B. The Gestalt approach to rehabilitation of the whole person. Journal of Applied Rehabilitation Counseling, 1978, 9(4), 143-147.

Gestalt procedures can foster rehabilitation closure while enabling the person to complete important life tasks and can help the disabled in vocational self-knowledge and development while enhancing feelings of adequacy and self-acceptance. This approach can also guide modifications in the agency service and delivery system to make rehabilitation of the disabled more holistic.

2.2 Dublin, J. E. Beyond Gestalt: Toward integrating some systems of psychotherapy. Psychotherapy: Theory, Research and Practice, 1976, 13(3), 225-231.

Describes an attempt to go beyond some of the limitations of Gestalt therapy by incorporating aspects of Reichian therapy, Primal therapy, and Lowenian bioenergetics which lend themselves to theoretical and applied integration. The principle inadequacy of Gestalt therapy is the common failure of its method of

contactful motoric activation to quickly and powerfully disrupt character-muscular armoring or blockage. One method, developed to connect memory associations with the present flow of energy in the body (the procedure of Primal therapy) while working in a basically Gestalt fashion, draws on Reichian therapy. Deep breathing and focusing on the attendant bodily feelings, together with facilitated fantasy trips by the patient, often lead to a "primal," as A. Janov (1970) defines that term. The patient's initial fantasy is allowed to develop out of whatever body sensations he/she happens to be experiencing. Another basic method for making the connection has been derived from bio-energetics and is also likely to result in a "primal" in which the patient gets in touch with the primary situation which is unfinished. Verbatim transcripts are presented and discussed to illustrate the methods.

2.3 Greenberg, L. S. and S. E. Kahn. Experimentation: A Gestalt approach to counselling. Canadian Counsellor, 1978, 13(1), 23-27.

Describes the "experiment," a Gestalt approach to stimulating client awareness. Examples of experiments are presented that may be used to facilitate the client in trying on new ways of being. To clarify the roles of the counselor and client in the experiment and to describe the process and goals of the method, the experiment is contrasted with behavioral rehearsal. Gestalt principles and theory are explained. Promoting client involvement through the experiment requires the active participation of the counselor and leads to the development of new understanding for the client.

2.4 Goodman, G. and M. G. Timko. Hot seats and aggressive behavior. Academic Therapy, 1976, 11(4), 447-448.

Describes the successful use of a Gestalt therapy device, the "hot seat," in solving problems of disruptive peer relations in a 4th grade inner-city classroom. In 3 months of feeling verbalization and role exchange by this method, need to use the hot-seat technique diminished from 2 to 3 times a day, to about 3 times a week, with numerous peripheral benefits.

2.5 Hendlin, S. J. T'ai Chi Chaun and Gestalt therapy. Journal of Contemporary Psychotherapy, 1978, 10(1), 25-31.

Discusses T'ai Chi, a Chinese system of integrated exercises, as an effective adjunct to Gestalt therapy. Similarities in the philosophies of Gestalt therapy and T'ai Chi include: (a) focusing on the here and now, (b) identification of polar opposites, (c) acceptance of rather than analysis of experience, (d) emphasis on sensation rather than intellect as a way of knowing the world, and (e) development of self-actualization, or being identity, above and beyond ego and existential identity. The use of T'ai Chi in clinical and growth center settings is described.

2.6 Mosher, D. L. Awareness in Gestalt sex therapy. Journal of Sex and Marital Therapy, 1979, 5(1), 41-56.

Awareness is conceived to be selective, curative, a method, a prescription for ideal living, and a ground for human existence. In the present paper the following Gestalt awareness methods are described: continuum of awareness, awareness questions, biobehavioral feedback, directed awareness, concentration, present-centering, taking responsibility, and shuttles in awareness. The use of these methods is illustrated in a Gestalt therapy dialog. The application of awareness as concept and method to sensate focus and to the treatment of male premature ejaculation is discussed. Shuttles in awareness and the shared continua of awareness are introduced as new methods in the treatment of sexual dysfunction and as enhancing sexual pleasure and communion.

2.7 Mosher, D. L. The Gestalt experiment in sex therapy. Journal of Sex and Marital Therapy, 1979, 5(2), 117-133.

The couple with a sex dysfunction is at an impasse. The natural process of sexual self-regulation is interrupted by the self. Growth requires experimenting with new solutions for unsolved problems. The Gestalt experiment is a major modality of treatment applicable to sex therapy. In posing an experiment, the therapist attempts to create a "safe emergency" in which risk and support are balanced. An atmosphere of playfulness and creativity invites experimentation. Thorough familiarity with modes and methods of experimenting permits the therapist's creativity to emerge. Applications of sexual metaphors and the idea of sex dysfunction as a nightmare are discussed, based on methods drawn from Gestalt dream work. The use of Gestalt experiments are illustrated in a client-therapist dialog.

2.8 Stiles, W. B. Verbal response modes and psychotherapeutic technique. Psychiatry, 1979, 42(1), 49-62.

A verbal response mode is a category of language that implies a particular interpersonal intention. Verbal response modes are attractive for research on the process of counseling and psychotherapy because they characterize the therapeutic relationship while remaining independent of the content of the communication; any mode can be used in a discussion of any topic. Verbal behaviors are a larger part of psychotherapy than of many other human relationships because many therapists systematically restrict their nonverbal contributions. A taxonomy of verbal response modes is presented and applied to the verbal behavior or psychotherapists of 3 contrasting schools: client-centered, Gestalt, and psychoanalytic. The taxonomy consists of a theoretically based set of classificatory principles that define a mutually exclusive and exhaustive set of modes. Its purpose is to describe dyadic verbal interaction comprehensively and quantitatively. Such description is a necessary first step in investigating the therapeutic effectiveness of different interaction styles.

2.9 Welch, M. J. A Gestalt experiment: Fear of rejection. Gestalt Journal, 1979, 2(1), 83-89.

Fear of rejection is an obstacle to a mutually healthy relationship between the organism and its environment. An experiment is described which, if carried out sensitively and appropriately, can be useful to the therapist in helping the client overcome this barrier to awareness. The therapist and the client each hold a drawing of a stick figure. They first hold the drawings almost touching (representing the act of coming together); then the therapist, with his drawing, turns and moves away (representing rejection of the client); the client then moves away from the therapist (the client is now the rejector); finally, they move away from each other at the same time (mutual leaving). The client is asked to express the feelings that he experiences at each stage. This experiment often enables clients to acknowledge their responsibility in their relationships and, consequently, to examine their own personal choices.

2.10 Wills, G. H. The here and now in Gestalt therapy. Australian Psychologist, 1978, 13(2), 183-191.

Concept of "here-and-now" in work of F. Perls, transition from "impasse" to "implosion" in Gestalt therapy.

2.11 Yontef, G. M. Gestalt therapy: Clinical Phenomenology. Gestalt Journal, 1979, 2(1), 27-45.

Awareness, an essential component of Gestalt therapy, involves vigilant contact with the most important event (dominant present need) in the individual/environmental field. Awareness involves directly knowing the reality of the situation and how one is in the situation (here and now). Phenomenology, also an essential component of Gestalt therapy, involves a search for understanding based on what is obvious, rather than on interpretation. The neurotic has reduced his or her own awareness and self-support, interfering with the contact/withdrawal process. Therapy involves using the therapeutic relationship itself to sympathetically frustrate attempts to get environmental support and encourage development of self-support. Success occurs when the patient can achieve self-regulation clearly, spontaneously, and flexibly in response to the self and the environment.

3. GESTALT THERAPY

3.1 Anderson, J. D. Growth groups and alienation: A comparative study of Rogerian encounter, self-directed encounter, and Gestalt. Group and Organization Studies, 1978, 3(1), 85-107.

Compared short-term variants of 3 group approaches--Rogerian encounter, Gestalt sensory awareness, and self-directed encounter--in relation to intermember empathy and cohesiveness and outcomes of decreased feelings of alienation and increased sense of self-autonomy. The Solomon 4-group experimental design was used with 80 college students. All growth-group experiences significantly decreased feelings of alienation and increased sense of self-autonomy. The order of efficacy on outcomes was: (a) self-directed encounter, (b) Rogerian encounter, and (c) Gestalt sensory awareness. Increases in intermember empathy, feelings of being understood by group members, and cohesiveness were found in the same order. Among the implications for practice are the needs: (a) to respect the natural curative factors of the intensive small-group experience, (b) to focus on member-to-member interaction, (c) to gather feedback about important process variables during group facilitation, (d) to make legitimate human relations training per se in the helping professions' work with groups, and (e) to consider further symbolic interaction theory as a guide to group research and practice.

3.2 Balogh, P. Gestalt awareness: A way of being as a yoga for the west. International Journal of Social Psychiatry, 1976, 22(1), 64-66.

The Gestalt model of therapy and the practices of yoga are compared. While the two disciplines differ in aspects of their practices, they both are: (a) based in eastern rather than western traditions, (b) monistic rather than dualistic, and (c) grounded in a sense of universal unity.

3.3 Barrilleaux, S. P. and R. H. Bauer. The effects of Gestalt awareness training on experience levels. International Journal of Group Psychotherapy, 1976, 26(4), 431-440.

Investigated the effects of Gestalt awareness training on the experiencing (EXP) level of group participants, examined the relationship of the repression sensitization (RS) scale to EXP, and investigated the possible different effects of group treatment on RS personality type. 14 male and 12 female SS students in a community college, were randomly assigned to treatment groups; the experimental group took part in Gestalt awareness training for 8 weekly sessions of two hours each. Two-way and three-way anovas (repeated measures design) were used to test for differences between repressers and sensitizers in both experimental and control groups. Results suggest: (a) that approach defenses make little difference when an individual is directed to contact feelings and to explore them, and (b) that different group methods do not differentially increase the EXP level of different personality types.

3.4 Bauer, R. A Gestalt approach to internal objects. Psychotherapy: Theory, Research and Practice, 1976, 13(3), 232-235.

Discusses the practice and techniques of Gestalt therapy regarding internal objects and their relations. Aspects of the "other" are introjected during the course of development and assimilated into the self. This process facilitates psychological self-growth if the aspects are assimilated because of intrinsic supportive properties, but if the other is experienced as frustrating and destructive the assimilation will be only partial and will be experienced as sources of fragmentation. The catastrophic expectation that to modify internal dialogs is to lose an aspect of self, constitutes the therapeutic impasse. The approach of Gestalt therapy to internal dialogs begins with asking the patient to consider everything a projection, stresses the difference between what the patient is seeing and doing from what he/she imagines, and utilizes the techniques of exaggeration, specificity, and dialog to enable the patient to re-own

and reexperience the introject as part of his/her total self system. Other Gestalt techniques relevant to the internal dialog include "staying with the feeling;" playing the attitude, feeling, or behavior opposite that being expressed; and emphasizing the Polar rhythm of contact and withdrawal.

3.5 Bauer, R. Gestalt approach to family therapy. American Journal of Family Therapy, 1979, 7(3), 41-45.

Presents Gestalt psychotherapy as a synthesis of a number of psychological traditions. Two techniques are described in detail: the empty chair technique, which is a strategy that focuses on the parents' internalized object relations, which are played out between themselves and with their children; and the Gestalt experiment, which is a strategy that focuses on the contact boundaries between family members.

3.6 Bergantino, L. Is Gestalt therapy a humanistic form of psychotherapy. Journal of Humanistic Psychology, 1977, 17(1), 51-61.

Advocates a synthesis of Gestalt and existential humanistic (EH) approaches in therapy as offering self-awareness with minimum dehumanization. Personal experiences in Gestalt training groups revealed that Gestalt therapists seek to increase awareness, responsibility, freedom, and choice but do not recognize the clients' existential position (particularly in relation to the therapist). Affirmation of the client's existence, such as dealing with the intentionality behind his or her actions in therapy, is as crucial an aspect of therapy as is facilitation of awareness. The synthesis thus requires helping the client become both interpersonally and intrapersonally aware, instead of sacrificing the former in favor of the latter as is the practice in Gestalt therapy.

3.7 Bernstein, P. L. The union of the Gestalt concept of experiment and Jungian active imagination. Gestalt Journal, 1980, 3(2), 36-45.

A Gestalt therapist observes the client and then offers a creative improvised experiment designed to bring unintegrated figures into awareness. "Active imagination" is also a highly creative process entailing an active calling forth by the client of inner unconscious images, symbols, and mythic themes. A case study is described of a woman with psychosomatic arthritis. The therapist used active imagination Gestalt experiments with her. The client often enacted mythological or childhood fairy tales that were related to her problems with sexuality and her unresolved feelings toward her mother and father. By termination, she had acknowledged the masculine parts of herself and had developed a rewarding interpersonal relationship with a man.

3.8 Brown, J. Buber and Gestalt. Gestalt Journal, 1980, 3(2), 47-56.

Discusses six basic hasidic stories related by M. Buber, the Jewish theologian, and how their philosophy embodies basic Gestalt principles. The Gestalt therapist's function is to enable the client to see where he is and what he is doing, for only at that point is the individual truly capable of taking responsibility for himself. Integration is achieved by encouraging the client to contact and directly experience contradictory aspects of his personality. Another aim of Gestalt therapy is the awareness of others which comes with true awareness of oneself. A final goal is total awareness of the "now" of our existence.

3.9 Clark, A. On being centered. Gestalt Journal, 1979, 2(2), 35-49.

Centeredness is an expression of personal integration. One can be centered in solitude or in interaction with another person. Centeredness develops when a person becomes more fully aware of separateness and, at the same time, senses that each separate part is an integral part of the self. Emerging from these separate parts are elements of sameness, which have a special energy flow that makes possible a crystallization at the center. Centeredness carries the paradox of detachment and involvement. Being centered as a therapist facilitates the client's movement toward being centered. Jung's concepts of introversion and extraversion are related to the concept of centeredness.

3.10 Coven, A. B. The Gestalt approach to rehabilitation counseling. Rehabilitation Counseling Bulletin, 1977, 20(3), 167-174.

Discusses the potential of Gestalt theory for rehabilitation counselors. The Gestalt techniques of staying in the present, focusing on self-awareness, using fantasy, and experimenting with opposites can facilitate working with critical rehabilitation problems. The focus in Gestalt counseling on the development of self-support and individual responsibility is consistent with the efforts of rehabilitation counselors to help people become self-sufficient and independent. The learning of Gestalt methods would not make rehabilitation counselors into Gestalt therapists; however, adapting the Gestalt approach would provide trained counselors with the opportunity to add to their helping repertoire.

3.11 Dolliver, R. H., E. L. Williams & D. C. Gold. The art of Gestalt therapy: Or what are you doing with your feet now? Psychotherapy: Theory, Research and Practice, 1980 17(2), 136-142.

Analyzes a filmed interview between F. Perls and his patient, Gloria, along the lines of J. Haley's (1958) "The Art of Psychoanalysis," noting that there are similarities between the interactional processes in Gestalt therapy and psychoanalysis. Perl's seeming lack of interest in the interpersonal processes in the interview plus his attempt to frustrate the client are major influences on the observed patterns of communication. Many aspects of the interaction seemed puzzling to Gloria because Perls often ignored what she said and rapidly changed the topic. The influence of Perl's personal idiosyncrasies plus apparent shortcomings and blind spots in the Gestalt therapy theory are pointed out.

3.12 Eckman, B. K. Seating pattern and working in a Gestalt therapy group. Gestalt Journal, 1980, 3(1), 99-106.

Seating patterns were recorded in an ongoing weekly Gestalt therapy group. Over time, 9 of the 10 members developed a typical seat for themselves, with two patterns emerging. One group sat in more prominent positions when they worked; thus, moving closer was for them a signal that they wanted to work. The other group sat further from the therapist when they worked; they may have felt more ambivalence or anxiety about working. Another interpretation of the two patterns is that they reflect a "good boy/bad boy" dichotomy. Nearer-sitting clients initiated their own work more often and had higher percentages of good work.

3.13 Felton, R. Gestalt therapy and social work. International Journal of Social Psychiatry, 1978, 24(2), 139-152.

Discusses group therapy, its use in social work practice, and the specific application of the approaches (e.g., client-centered therapy, Gestalt therapy) derived from the human potential movement to social work group practice. A transcript of a group-therapy session focusing on a woman patient's difficulties in dealing with anger is included to show how Gestalt therapy techniques may be applied.

3.14 Foulds, M. L. and P. S. Hannigan. A Gestalt marathon workshop: Effects on extraversion and neuroticism. Journal of College Student Personnel, 1976, 17(1), 50-54.

Studied 18 college students to examine the effects of a Gestalt marathon workshop on SS' scores on the Eysenck Personality Inventory (EPI). It was hypothesized that SS would show significant increases in extraversion and decreases in neuroticism, whereas the 18 nontreatment controls would not. SS were administered the EPI before and after the workshop. Results reveal a significant change ($p < .01$) on neuroticism and extraversion-introversion.

3.15 Foulds, M. L. and P. S. Hannigan. Effects of Gestalt marathon workshops on measured self-actualization: A replication and follow-up. Journal of Counseling Psychology, 1976, 23(1), 60-65.

Conducted a replication of the author's previous study to study further the immediate and long-term effects of Gestalt marathon workshops on a measure of self-actualization (personal orientation inventory). Thirty-six undergraduates in the experimental groups participated in a 24-hour continuous Gestalt workshop and completed the dependent measure before the workshop, 5 days later, and 6 months later. Significant positive pre-post changes on an overall measure of self-actualization and on 10 of 12 subscales were found. A comparison of posttest and 6 month follow-up scores disclosed that the achieved gains persisted over time and that additional positive change occurred on the overall measure of self-actualization and on two subscales. The nontreatment control group ($p = 36$) completed only pre- and posttests and demonstrated no significant changes.

3.16 Foulds, M. L. and P. S. Hannigan. Gestalt marathon group: Does it increase reported self-actualization? Psychotherapy: Theory, Research and Practice, 1976, 13(4), 378-383.

Administered the personal orientation inventory to growth-seeking university students immediately before, 4 days after, and 6 months after they participated in a continuous, 24-hour Gestalt marathon group Findings confirm the hypothesis that SS would score significantly higher on self-actualization immediately following than before the marathon session. Unexpectedly, there were also significant positive changes in self-actualization that occurred between posttest and follow-up.

3.17 Furlong, F. W. The new psychotherapies: The courage to be. Canadian Psychiatric Association Journal, 1977, 22(5), 207-214A.

Argues that certain new psychotherapies--Gestalt therapy, Transactional analysis, and Primal therapy--all demand an unconditional commitment to a collective belief system. Paul Tillich (1952) has described such a demand for submission to a group as "the courage to be a part." J. D. Frank (1974) has proposed that such an involvement in a shared belief is helpful to people because it opposes their demoralization.

3.18 Greenberg, L. S. The intensive analysis of recurring events from the practice of Gestalt therapy. Psychotherapy: Theory, Research and Practice, 1980, 17(2), 1430152.

Presents an intensive analysis of 9 events in which three clients were working on resolving "splits" by means of the Gestalt "2 chair method." These events had previously been shown to contain good therapeutic process as measured by the experiencing scale, and the purpose of this analysis was to discover performance patterns associated with resolution. A model of "split" resolution, constructed from voice quality and depth of experiencing data (indices of productive therapeutic process), shows that resolution occurs by integration. The softening of the internal critic emerges as a key factor in resolving intrapsychic splits.

3.19 Hatcher, C. Intrapersonal and interpersonal models: Blending Gestalt and family therapies. Journal of Marriage and Family Counseling, 1978, 4(1), 63-68.

Family therapy is primarily focused on interpersonal or transactional issues. Its major contributions have been in the development of communication analysis, communication opening techniques, and in illuminating group responsibility in the creation of an identified patient. Work with individual or subsystem boundaries has received far less attention. Gestalt therapy is particularly well suited for short term work on interpersonal and boundary issues. The focus of this paper is to show how the selective integration of the two approaches provides a significant new dimension in the development of family therapy.

3.20 Henle, M. Gestalt psychology and Gestalt therapy. Journal of the History of the Behavioral Sciences, 1978, 14(1), 23-32.

Examines the relations between Gestalt psychology and Gestalt therapy, as presented in the writings of F. Perls, who claims that his perspective derives from Gestalt psychology. Intellectual traditions, philosophical assumptions, and specific theories and concepts are considered. It is concluded that the two approaches have nothing in common.

3.21 Kaplan, M. L. Uses of the group in Gestalt therapy groups. Psychotherapy: Theory, Research and Practice, 1978, 15(1), 80-89.

Describes five modes in which Gestalt therapists use or can use a group context. The first is the use of the group structure, especially attention to sequential phases of group development including norm and role requirements. The second involves using the potential of structured interaction among members as a means of heightened self-experience. The use of members' awareness of themselves as this emerges in the flow of their experience of the current reality is the third mode. Another is the use of techniques to heighten the experience of fantasies, dreams, or remembrances via structured enactment in the group. Finally there is the group as a dynamic playing out of itself as a Gestalt phenomenon in which all members occupy a place in the scheme of events. In every aspect of group functioning, members are described as actively or passively involved in the group's experiences. They acquiesce in norm development, they are vicarious participants, and they give sanction by their roles as witnesses.

3.22 Kaplan, M. L. and N. R. Kaplan. Individual and family growth: A Gestalt approach. Family Process, 1978, 17(2), 195-205.

Describes Gestalt therapy as a comprehensive framework of theory and techniques for experimental family therapy. Like other experimentally oriented therapies, it is systems-oriented, immediate-experience-oriented, and affect-oriented. Unlike others, this method regards the client system's emergent processes as the central focus, and it emphasizes that growth occurs as the family and its members are helped to greater self-awareness and responsibility for their own functioning.

3.23 Kelly, B. J. and J. D. Gill. Gestalt approaches to conjoint therapy. TPGA Journal, 1978, 6(1), 27-35.

An alternative to individual counseling is marriage and family counseling. It is the preferred mode of treatment for all but the social isolate who has no marriage or family structure. The specific methods by which persons avoid healthy contacts (introjection, projection, confluence, retroflection, and deflection) are discussed as are counseling methodologies based on Gestalt and family systems theory.

3.24 Leupnitz, D. A. and S. Tulkin. The cybernetic epistemology of Gestalt therapy. Psychotherapy: Theory, Research and Practice, 1980, 17(2), 153-157.

Discusses G. Bateson's (1972) position that the dualism of western thought creates serious problems for the individual and society. Gestalt therapy is viewed as based on non-dualistic premises with the attempt to ground it in cybernetic or systems theoretical terms. The four cybernetic principles that seem to underlie Gestalt therapy are as follows: (1) an organism is a self-corrective, open system inseparable from its environment. (2) An open system is capable not only of energy exchange but also of entropy transport. (3) An open system must be efficient at transmitting and receiving data from the environment. (4) All open systems display the property of equifinality. Each principle is explained in terms of cybernetics and psychotherapy.

3.25 Melnick, J. The use of therapist-imposed structure in Gestalt therapy. Gestalt Journal, 1980, 3(2), 4-20.

Explores the concept of structure as it relates to psychotherapy in general and to Gestalt therapy in particular. A primary form of explicit structuring involves the use of therapeutic techniques, particularly the experiment. Five types of experiments are described: exercises, methodological experiments, simulated experiments, heuristic or exploratory experiments, and boundary experiments. When implemented within the limits of one's skills and resources, techniques become facilitative instruments. Problems emerge, however, when the power of the technique exceeds the craftsman's knowledge and good sense.

3.26 Mosher, D. L. The Gestalt awareness-expression cycle as a model for sex therapy. Journal of Sex and Marital Therapy, 1977, 3(4), 229-242.

Discusses the application to sex therapy of conceptual models and treatment modalities generally used in Gestalt therapy. Healthy sexual functioning requires self-regulation in which the person becomes aware of the dominant need in the situation and expresses himself/herself to satisfy that need and to complete the Gestalt. The Gestalt awareness-expression cycle is a model for understanding both the processes of sexual functioning and dysfunction and of the therapeutic encounter. The concepts of awareness, excitement, action, and contact as components of the cycle are related conceptually both to modes and points of interruption of self-regulation and to specific treatment modalities and methods. Three major modalities of Gestalt therapy--awareness, experiment, and contactful encounter --and illustrative Gestalt methods are introduced in the context of sex therapy.

3.27 Naranjo, C. Gestalt therapy as a transpersonal approach. Gestalt Journal, 1978, 1(2), 75-81.

Gestalt therapy is described as "transpersonal" (beyond the "person") or spiritual. This spirituality is disguised by F. Perls's rejection of religiosity. Nevertheless, like Buddhistic practice, Gestalt therapy is essentially awareness training plus morality. The avenue of this awareness is verbal, motoric, and artistic expression in relationship to another (I and thou). The morality is evidenced in the emphasis on authenticity and nonmanipulation (of the self or of the other). Openness (indiscriminantly accepting one's experience), the acceptance of nothingness, ego-reduction, and the indelible imprint of Perls's shamanistic personality are also descriptive of the Gestalt therapist.

3.28 Neill, R. B. Gestalt therapy in a social psychiatric setting: The oil and water solution. Adolescence, 1979, 14(56), 775-796.

Presents a case study of provincial government residential treatment center for mentally and emotionally disturbed adolescents that used Gestalt therapy as its primary therapeutic and staff-development ideology. Based on participant observation, document analysis, source material surveys, staff interviews, and patient diagnostic, socioeconomic status, and intelligence data, it was found that Gestalt therapy was neither designed nor intended for the treatment of young adolescents manifesting severe psychiatric or behavioral disorders, or for people from lower socioeconomic-status families or of low verbal skill and intelligence. It is suggested that Gestalt criteria for physical environment, behavioral expectations (on staff and patient), and group-

living ideology are incompatible with professional, legal, and treatment expectations in an institutional treatment setting.

3.29 Nichols, R. C. and H. J. Fine. Gestalt therapy: Some aspects of self-support, independence and responsibility. Psychotherapy: Theory, Research and Practice, 1980, 17(2), 124-135.

Administered tests devised to measure self-concept, expressed value system, and fantasy production (e.g., Leary Interpersonal Check List and TAT) to seven college students before and after Gestalt awareness training and to seven SS who received no treatment. Experimental SS showed increased positive self-concepts, but their personal values remained unaffected, and their fantasy productions reflected significantly less independence, self-support, and responsibility. Results are interpreted in two ways: (1) training may affect individuals beneficially on only a superficial and mutable level of personality--self concept--while personal values remain unaltered; fantasy production may even contraindicate training. (2) Training may have the desired effect on all levels, but insufficient time prevented SS from moving beyond the "impasse," the crucial time when resistance sets in and people "prevent" themselves from using their resources.

3.30 Perls, F. S. Planned psychotherapy. Gestalt Journal, 1979, 2(2), 5-23.

In a transcript of a previously unpublished talk made to the William Alanson White Institute in 1946 or 1947, the author traces the beginnings of his Gestalt orientation, stresses the whole organism's need for integration, and gives examples illustrating the course of planned psychotherapy and Gestalt treatment.

3.31 Sobel, H. J. Preferences of behavioural, analytic and Gestalt psychotherapy. British Journal of Medical Psychology, 1979, 52(3), 263-269.

Investigated preferences for behavioral, analytic, and Gestalt psychotherapy among forty 35-60 year old females and 67 college freshmen who had never been therapy patients. A scaled survey assessed general preference, preference given an imagined long-standing depressive disorder, preference given an imagined specific phobia, and preference for the therapist-patient relationship. Three audio tapes were designed, each describing one of the modalities. High interrater reliability and agreement were determined by three independent judges. Results show that young females had a general preference for Gestalt therapy. Young and old females, but not young males, significantly preferred behavioral therapy for a specific phobia. Under

forced-choice conditions the group significantly preferred Gestalt therapy. No differences were found for the relationship or preference given a depressive disorder. Preference is hypothesized as a cognitive structure with potential use in therapist-client matching.